

P.O. Box 178 114 WOODHULL ST. LAINGSBURG, MICHIGAN 48848-0178

PHONE (517) 651-5374 FAX (517) 651-5604

## SHED CHECKLIST

Please use the following checklist as a guide for the materials needed to issue a zoning permit and a building permit for a Shed. All information must be complete and provided to the City in order to issue the appropriate permits and approvals.

- Completed zoning permit
- Proof of Ownership: a recorded land contract or deed with a legal description of the property
- An acceptable, legible plot plan that shows property dimensions including all setbacks. Setbacks from other structures on the property. Also show all other overhead wires, drains, water edges, etc.
- A soil erosion permit from the Shiawassee County Drain Commission if 100 feet from water or 500 feet from the drain – or an Affidavit for a waiver.

If larger than 200 sq ft the following are required:

- A completed building permit application
- A Contractor Registration Form
- A Roof Loading Data Sheet
- Cross Section Detail Form
- A complete set of building and foundation plans
- A Michigan Uniform Energy Code Form

# APPLICATION for a ZONING PERMIT

City of Laingsburg

114 N Woodhull

P.O. Box 178

Laingsburg, Mi 48848

Phone: (517) 651-5374 • Fax: (517) 651-5512

Email: clerk@laingsburg.us

App. Date: \_\_\_\_\_ Receipt # \_\_\_\_\_ Fee: \$ \_\_\_\_\_ Permit # \_\_\_\_\_

Review Date: \_\_\_\_\_  Approved  Denied By: \_\_\_\_\_

Property Address/Location		Applicant (if not Owner)	
Address/Street: _____		Name: _____	
Nearest Cross Rd.: _____		Address: _____	
Township: _____		City/State/Zip: _____	
Parcel Number: _____		Phone: _____	
Zoning District: _____		Fax/Email: _____	
Owner Information		If New Construction or Addition	
Name: _____		<b>Please Attach All That Apply:</b> <input type="checkbox"/> Land Division Certificate <input type="checkbox"/> Survey <input type="checkbox"/> Proof of Ownership <input type="checkbox"/> Septic Permit # _____ Well Permit # _____ <input type="checkbox"/> Driveway Permit <input type="checkbox"/> Soil Erosion Permit <input type="checkbox"/> New Address <input type="checkbox"/> New Sewer Connection	
Address: _____			
City/State/Zip: _____			
Phone: _____			
Fax/Email: _____			
Type of Request		Yes	No
<input type="checkbox"/> Principal Structure			
<input type="checkbox"/> Accessory Structure			Did you attach a "Site Plan Drawing"?
<input type="checkbox"/> Agricultural Structure			Are you making grade (earth) changes?
<input type="checkbox"/> Temporary Structure/Use			Is your project within 500 ft. of surface water?
<input type="checkbox"/> Demolition Permit			Is this site currently violating the Ordinance?
<input type="checkbox"/> Sign			
<input type="checkbox"/> Home Occupation			
<input type="checkbox"/> Fence			<b>For Sign Permits Only</b>
<input type="checkbox"/> Deck or Porch			Type of Business: _____
<input type="checkbox"/> Pool			Total display area in square feet: _____
<input type="checkbox"/> Solar			Proposed setback from Right-of-Way: _____
<input type="checkbox"/> Outdoor Solid Fuel Furnace			Sign height: _____ Sign purpose: _____
<input type="checkbox"/> Shared Driveway			Type: <input type="checkbox"/> Pole <input type="checkbox"/> Ground <input type="checkbox"/> Wall <input type="checkbox"/> Other
<input type="checkbox"/> Buildable Lot Study			Height and width of wall: _____
<input type="checkbox"/> Hazardous Material Storage			Attach Sign drawing showing copy <input type="checkbox"/>
<input type="checkbox"/> Other: _____			
<b>Describe Proposed Building or Land Use:</b>			
_____			
_____			

**AFFIDAVIT OF COMPLIANCE**

I am the owner of, or the authorized agent of the owner, of the lot (parcel of land) described and shown on the attached site plan. I am familiar with the Shiawassee County Zoning Ordinance, including the related laws listed in Section 16.5.3. I hereby attest based upon my knowledge and belief that this request is complete, in compliance with, and warrants approval under the Shiawassee County Zoning Ordinance of 1999, as amended.

\_\_\_\_\_  
Signature of Applicant

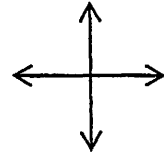
\_\_\_\_\_  
Date

**CITY OF LAINGSBURG ZONING SITE PLAN GRID**

NAME: \_\_\_\_\_ PROJECT ADDRESS: \_\_\_\_\_

LOT SIZE: \_\_\_\_\_ or NUMBER OF ACRES \_\_\_\_\_.

(SEE REVERSE SIDE FOR INSTRUCTIONS)



(E, N, S, W,)

A large empty rectangular box intended for drawing the site plan grid.

CENTER LINE OF ROAD

## **SITE PLAN REQUIREMENTS**

1. List Setbacks from all lot lines accurately.
2. Indicate all buildings on site and the distance between them.
3. Show location of all utility lines and distance from current building site.
4. Show location of the Well, Septic Tank and Drain Field.
5. Show location of the Reserve Drain Field.
6. Accurately locate Driveway and give distance from closest lot line.
7. Indicate any unique features of the property, such as drain, ditches or streams, etc. and the distance for the building site.

# SAMPLE

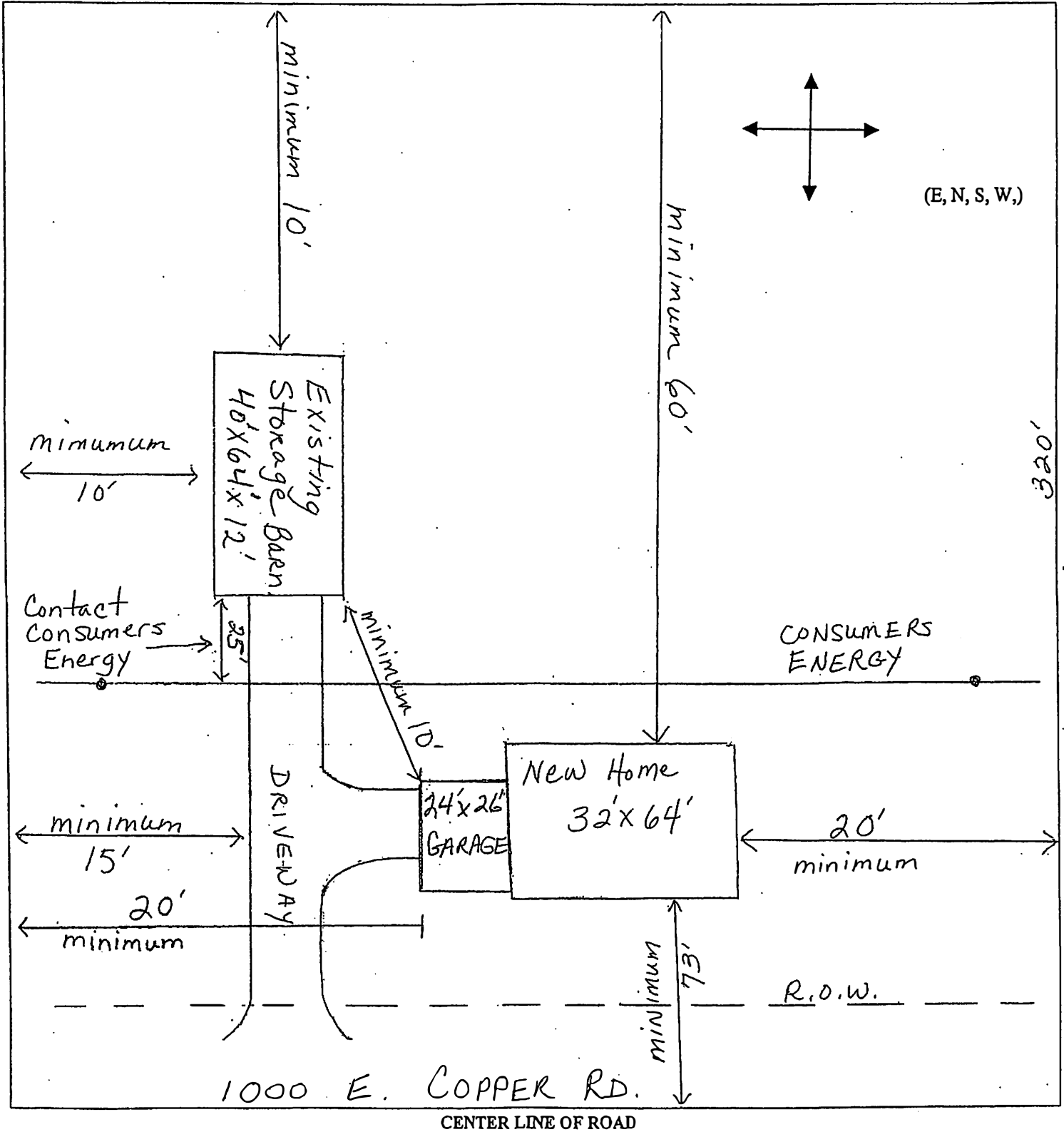
## SHIAWASSEE COUNTY ZONING SITE PLAN GRID

NAME John Doe PROJECT ADDRESS 1000 E. COPPER RD.

LOT SIZE 200 x 320 or NUMBER OF ACRES \_\_\_\_\_

(SEE REVERSE SIDE FOR INSTRUCTOINS)

200'



# BUILDING PERMIT APPLICATION

City of Laingsburg  
114 Woodhull  
Laingsburg, MI 48848  
(517) 651-5374

Email: [Clerk@laingsburg.us](mailto:Clerk@laingsburg.us)

**\*OFFICE USE ONLY\***

PERMIT # \_\_\_\_\_

DATE: \_\_\_\_\_

RECEIPT # \_\_\_\_\_

Job Site Address: _____		Township: _____	Property Tax ID #: _____
Property Owner: _____	Email: _____		Phone: _____
Owners Mailing Address, City, State, Zip: _____			
Contractor: _____	Email: _____		Phone: _____
Contractor Address, City, State, Zip: _____			
Alternate Phone/ Contact Information: _____	License #: _____	Expiration Date: _____	
Use of Building: _____	Foundation Type: Poured Wall <input type="checkbox"/> Post <input type="checkbox"/> Block <input type="checkbox"/> Wood <input type="checkbox"/> Other <input type="checkbox"/>		
Class of Work: New Home <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Accessory Structure <input type="checkbox"/> Basement <input type="checkbox"/> Conventional Frame <input type="checkbox"/> Post Frame <input type="checkbox"/> Modular <input type="checkbox"/>			
HUD Double Wide/ Single Wide <input type="checkbox"/> Structured Steel <input type="checkbox"/>			
Describe Work: _____			
Special Conditions: _____			

NOTICE: SEPARATE PERMITS ARE REQUIRED FOR ELECTRICAL, PLUMBING, HEATING, VENTILATING OR AIR CONDITIONING. THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 180 DAYS, OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER WORK IS COMMENCED. I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT. THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.

**\*Section 23A of the State Construction Code Act of 1972, 1972 PA 230, MCL 125.1523A, prohibits a person from conspiring to circumvent the licensing requirements of this state relating to persons who are to perform work on a residential building or a residential structure. Violators of Section 23A are subjected to civil fines.**

Signature of Contractor or Authorized Agent*	(Date)
Signature of Owner (if owner is doing building)	(Date)

**\*I HEREBY CERTIFY THAT THE PROPOSED WORK IS AUTHORIZED BY THE OWNER OF RECORD AND THAT I HAVE BEEN AUTHORIZED BY THE OWNER TO MAKE THIS APPLICATION AS HIS/HER AUTHORIZED AGENT, AND WE AGREE TO CONFORM TO ALL APPLICABLE LAWS OF THE STATE OF MICHIGAN. ALL INFORMATION SUBMITTED ON THIS APPLICATION IS ACCURATE TO THE BEST OF MY KNOWLEDGE.**

FOR OFFICE USE ONLY			
Administration Fee: \$40.00			
Total Valuation		Permit Fee	
Requirements	Required	Received	Not Required
Contractor Registration			
Zoning			
Plans			
Truss Drawings			
Energy Comp/Blower Door			
Comm. Plan Review Fee			
REQUIRED INSPECTIONS			
<input type="checkbox"/> FOOTING	<input type="checkbox"/> BACKFILL	<input type="checkbox"/> ROUGH	
<input type="checkbox"/> INSULATION	<input type="checkbox"/> FINAL	<input type="checkbox"/> OTHER	

Application Received by:	Plan Reviewed by:	Approved for issuance by:
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Date Received